

Research-Based Practices  
in Developmental Disabilities





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# **RESEARCH-BASED PRACTICES IN DEVELOPMENTAL DISABILITIES**

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Second Edition

**Howard P. Parette**

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**Foreword by Ravic Ringlaben and Omowale Akintunde**



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# Foreword

## Research-Based Practices in Developmental Disabilities: Modern and Postmodern Perspectives

*Ravic P. Ringlaben and Omowale Akintunde*

Many current “research-based practices” related to individuals with developmental disabilities are designed to assist current and future practitioners in the field (Hilton & Ringlaben, 1998). However, any discussion of these practices raises a series of questions, among them (a) How are research-based practices defined? (b) Are certain practices encouraged “politically”? (c) Are practices demonstrated by practitioners solely on basis of the pathologies described within special education (e.g., low intelligence, social incompetence, maladaptive functioning, etc.)? (d) Are current interventions based solely on a deficit/capacity continuum? As noted by Kavale and Mostert (2003), “special education continues to be in a state of flux because, although much is known, there is still room to learn more . . . . The present practice of special education indicates that outcomes for students with disabilities remain unpredictable” (p. 203).

In special education research, the “funding source in power” has a major impact in determining what is researched, along with the influence of particular results. The stage is set to accept only those results that will align with the agenda of the group in power. Political reforms precede research because they “tend to shape policies and practices which in turn shape research” (Sailor & Paul, 2004, p. 40).

In the popular and best-selling novel *State of Fear*, by Michael Crichton (2004), the interaction between politics and science is noted in appendix I, “Why Politicized Science Is Dangerous”:

Imagine there is a new scientific theory that warns of an impending crisis, and points to a way out. This theory quickly draws support from leading scientists, politicians, and celebrities around the world. Research is funded by distinguished philanthropies, and carried out in prestigious universities. The crisis is reported frequently in the media. The science is taught in college and high school classrooms. . . .

Today we know that this famous theory that gained so much support was actually pseudoscience. The crisis it claimed was nonexistent. And the actions taken in the name of this theory were morally and criminally wrong. Ultimately, they led to the deaths of millions of people. (pp. 631–632)

We still speak of this theory in our classes today as a reminder of what science can do—the theory and practice of eugenics. But eugenics is not history. The practice continues throughout the world (Roberts, Stough, & Parrish, 2002; Smith, 1999). Currently, genetic science is practiced and supported governmentally. When does genetic science become eugenics? Will certain developmental disabilities be defined as a defect, disease, disorder, or a normal aspect of human difference (Smith, 2000)? Are there professional practices that we employ today that will seem archaic or even dangerous 100 years or even 50 years after this book is published?

A heated professional debate is evolving in the field of special education between at least two distinct groups of professionals concerning special education philosophy, research, and practice. Each group includes well-respected and “highly published” special education professionals. These two paradigms have been referred to as “modern” and “postmodern”. A discussion of these paradigms is imperative because each provides a different and separate rationale for research and services for individuals with disabilities. Each may have different answers to the questions posed earlier. For the sake of space, these distinctions have been oversimplified. Nonetheless, both deserve mentioning. Please refer to the articles referenced in this chapter for additional and more in-depth discussions.

The modernist (behavioral, quantitative, empirical-based) perspective purports that science can answer the questions about what interventions should be used by professional providers. It wants “to confirm or reject general principles and theories about an objective world” (Clear, 1999, p. 440). “Empirical truth is determined by isolating elements, by specifying relationships, and by formulating a sense-making construction unified by testable hypotheses (Kavale & Mostert, 2003, p. 194). This approach evolved with the implementation of scientific inquiry during much of the 20th century. Though initially used in the “hard sciences,” the approach was embraced by the social sciences. Modernists believe that we can study specific characteristics of individuals with disabilities and that science will lead us down the road of progress. They are concerned that postmodernists pose a severe threat to science (Sailor & Paul, 2004). Sasso (2001) is concerned that postmodernists “conclude that because logical inquiry and science are not perfect, notions of evidence, truth, fact, reality and knowledge are then ideologically indefensible” (p. 181), and that the postmodernist belief “that science is just a matter of social practice . . . reflects a misunderstanding of the process of logical inquiry” (p. 182). Forness and Kavale (2001) believe that “schools currently misidentify more children with mental or behavioral disorders than they actually identify” (p. 79) and that a major solution would be a return to the medical model. Sasso indicates that the scientific inquiry model has built-in accountability with replication and that results are determined by evidence. “What *p* value you accept depends how important the result is and what decisions might follow from it” (Sasso, 2001, p. 187).

The postmodernist (constructivist, emancipatory, liberatory, qualitative) perspective emerged as a force in special education in response to the postmodern redefinition of childhood as including children with special needs in federal legislation, especially Public Law 94-142, the Education for All Handicapped Children Act of 1975 (Elkind, 1998; Rhodes, 1995). This group questions the scientific approach and the results of empirical inquiry because they believe the individual is much too complicated and that there is sufficient heterogeneity within disability groups to preclude generalization. This perspective appears to be one reason for changing the name of the organization that publishes this book—from Mental Retardation and Developmental Disabilities to Developmental Disabilities (Smith, 2003). Postmodernism has a radical skepticism for explanations that claim to be valid for all groups, cultures, traditions, or races, choosing instead to investigate the relative truths of each person. In this view science alone cannot solve all problems; in fact, it often causes the

problems or makes them worse. It was empirical research that originally excluded individuals with disabilities from society by determining that they were impure. It is remembered that sterilization, shock therapy, and psychosurgery were promoted as research-based strategies (Hughes, 2002). Postmodernists question the predictive and prescriptive ability of the knowledge base in special education (Gallagher, 1998), and believe that the dominant group has used the scientific method as a means to exclude and oppress others. Research by postmodernists tries to give meaning to the multiple constructions of reality in their environment. Empirical findings are “open to discussion, interpretation, and critical interrogation” (Fawcett & Hearn, 2004, p. 216). Our world is too dynamically interactive for simplistic and formulaic approaches. Those who determine normal have the power. We can study an individual only through an investigation of his or her “life-story.” The postmodernists focus on “multiple possible forms of anti-oppressive politically engaged agendas around research rather than a more generalizable research methodology” (Fawcett & Hearn, 2004, p. 212) and on problem solving by a broader group of stakeholders using a team approach. Facts and values are inseparable. By separating researchers from those studied, a system is developed in which the individuals studied become “others,” “invisibles,” and “strangers.” Akintunde (1999) reports that the modernist multiculturalism position, “through its efforts to increase an ‘understanding’ of ‘others,’ actually reinforces and cements ‘otherization’ ” (p. 5). The “people in power” establish an oppressive atmosphere by determining the services that should be delivered to “others.”

Skrtic (1991) wonders who benefits most from special education. Is it the consumers or the practitioners and in what proportion? Fawcett and Hearn (2004) suggest that we need to ask the following questions in doing research or serving individuals with disabilities:

Is it possible to research others? If so, how is this to be done? And how does this aspiration and this activity relate to more general questions in social science methodology? Is it possible, and how is it possible for an able-bodied researcher to carry out non-exploitative, participative, qualitative research with people with disabilities. (p. 201)

They also state: “It cannot be assumed that disabled people identify with other disabled people, that a single perspective of disability (or anything else) is shared, or that disability constitutes the most important aspect of a person’s identity or social position” (Fawcett & Hearn, 2004, p. 210).

In reality, disability is not just educational. It is also a social, cultural, political, historical, discursive, and relational construct (Goodley, 2001). Bogdan and Taylor recognized this issue in 1982: “Mental retardation is, in fact, a socio-political not a psychological construction. The myth, perpetuated by a society which refuses to recognize the true nature of its needed social reforms, has successfully camouflaged the politics of diagnosis and incarceration” (p. 15).

It is not the purpose of this text to secure supporters of modernist or postmodernist philosophies. However, each paradigm certainly has beliefs that include guidelines for our review of researched-based practices. Elkind (1998) believes that “we have reinvented childhood to encompass difference, particularity, and irregularity, as well as progress, universality and regularity” and that our best practice “incorporates these new themes as well as the older ones” (p. 14). Perhaps Smith (1999) states it best:

The recognition that we are ethical and moral agents—and that the decisions about what we *should* do as opposed to what we *can* do rest with us—is intimidating. . . . As the power of science for human benefit grows,

so grows the importance of ethical questions about the use and yield of that power. The great challenge of our age may be to ensure that people who make scientific and medical discoveries interact with those who seek to understand the ethical impact of those discoveries [emphasis added]. (p. 132)

It is up to readers of this text to make informed decisions with regard to individually appropriate practice and accountability.

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